Spplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL E	ENTITY	OR	OTHER SMALL I	(
FOR			NUMBER FILED			NUMBER EXTRA		Г	RATE	FEE] [RATE	FEE											
BASIC FEE					. V			2		345.00	OR		690.00											
TOTAL CLAIMS 3/ minus 20					20=	• 14			X\$ 9=	126	OR	X\$18=												
INDEPENDENT CLAIMS					3 =	* /			X39=	39	OR	X78=	•											
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	<i>—</i> //	OR	+260=												
* If	* If the difference in column 1 is less than zero, enter "0" in column 2									510	OR	TOTAL												
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									TOTAL 510 OR SMALL ENTITY OR			OTHER THAN SMALL ENTITY												
ENT A		CL REM Af	AIMS AINING FTER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=												
AME	Independent	*	N 05 11	Minus +			=		X39=		OR	X78=												
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=												
·									TOTAL DDIT. FEE	·		TOTAL ADDIT. FEE												
			umn 1)			Column 2)	(Column 3)	. "	JJ11. I EE [• '	اغاط ۱۰۱۱ بوسید.												
ENT B		REM Al	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=												
AME	Independent	*	ON OF M	Minus	**		=		X39=		OR	X78=												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=												
									TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE												
			umn 1)	- Marie		Column 2)	(Column 3)	1 -																
AMENDMENT C		REM Al	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	*		Minus	**		=		X\$ 9= ·		OR	X\$18=												
	Independent	*		Minus	**		-		X39=		OR	X78=												
_	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEI	PENI	DENT CLAIM		۱ 																
								L	+130= TOTAL		OR	+260=												
**	f the "Highest Nur If the "Highest Nu	nber Pr mber Pr	eviously Pa eviously Pa	aid For" IN THI aid For" IN THI	S SP. S SP	ACE is less that ACE is less that	an 20, enter "20.' an 3, enter "3."	ΛL	ODIT. FEE	propriate ho	•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												